

# Coconino County Community Services Intake

Total # in Household: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

## HEAD OF HOUSEHOLD:

First Name	M.I.	Last Name	SSN#	Veteran Y or N	Gender F or M	Date of Birth MM/DD/YEAR	Disabled Y or N	Race	Health Insurance Y or N (Type)

Do you work for Coconino County? Yes or No      If Yes, What Department? \_\_\_\_\_

Does any family member work for Coconino County?      Yes or No

If yes, what Department? \_\_\_\_\_

## RESIDENCE INFORMATION:

Physical Address: \_\_\_\_\_

(house number, city, and zip code)

Mailing Address: (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Do you live on a reservation? \_\_\_\_ Yes \_\_\_\_ No If yes, which one? \_\_\_\_\_

**Do You Live in Subsidized Government Housing (conventional or Section 8)? \_\_\_\_Yes or \_\_\_\_No**  
**If Yes, do you receive a separate check for your utilities? \_\_\_\_ Yes \_\_\_\_ No**

**YOU MUST PROVIDE YOUR CURRENT SECTION 8 WORKSHEET THAT INDICATES UTILITY ALLOWANCE.**

Date moved to Coconino County: \_\_\_\_\_ Date moved to Arizona: \_\_\_\_\_  
 MM/DD/YEAR MM/DD/YEAR

**HEAD OF HOUSEHOLD EDUCATION COMPLETED: Please check mark**

0-8 <sup>th</sup> Grade	9-12 <sup>th</sup> Grade	HS Graduate	GED	12+ some postsecondary	2-4 Year College Graduate

**HEAD OF HOUSEHOLD HOUSING STATUS: Please check mark**

Rent	Own	Homeless	Other (please indicate)

**HEAD OF HOUSEHOLD FAMILY DEMOGRAPHICS: Please check mark**

Single Parent	Two-Parent Household	Single Person	Adults No children	Mixed Adults w/children	Grandparent Raising grand child	Extended Family	Other:

**HEAD OF HOUSEHOLD INCOME:**

Name	Employer/Source of Income	Address/Phone #	Frequency of Pay (Weekly, Bi-Weekly, Monthly, etc.)	Unemployed, Full-time, Part-Time, On-Call, Seasonal	If Unemployed, when was your last date of work?

What type of assistance do you need help with today?

\_\_\_\_ Utility Deposit:      \_\_\_\_ Utility Bills      \_\_\_\_ Rent      \_\_\_\_ Wood      \_\_\_\_ Propane      \_\_\_\_ Other:

Electric Account # \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Gas Account # \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

**HOUSING/RENTAL ASSISTANCE:****PLEASE COMPLETE (even if you're not applying for housing assistance):**

Landlord's Name	Address	Telephone #	Fax # (if available)	Name of Mortgage Company

**ADDITIONAL FAMILY MEMBERS:**

First Name	M .I.	Last Name	SSN#	Veteran Y or N	Gender F or M	Date of Birth MM/DD/ YR	Disabled Y or N	Last School Grade Completed	Race	Health Insurance Y or N (Type)	Relationship to Head of Household

**OTHER FAMILY MEMBER'S HOUSEHOLD INCOME:**

Name of Family Member	Employer/Source of Income	Address/Phone #	Frequency of Pay (Weekly, Bi-Weekly, Monthly, etc.)	Unemployed, Full-time, Part-Time, On-Call, Seasonal	If unemployed, when was your last date of work?

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You must have with you all your income verification, including any household member's income for the last 30 days.**

**If you do not have income verification, you will need to return.**

**Please explain in detail the crisis/circumstances you are currently experiencing:**

**INDICATE ALL INCOME AND OTHER BENEFITS RECEIVED IN THE LAST 30 DAYS (CHECK ALL THAT APPLY)**

Type of Income	Monthly Amount	Type of Income	Monthly Amount
Employment		TANF	
Unemployment		General Assistance	
SSI		Retirement	
SSDI		Veteran's Pension	
Veteran's Disability		Pension from Job	
Private Disability		Child Support	
Worker's Compensation		Alimony or other spousal support	
Self-Employment		School Grants/Scholarships/Loans	
Other Source		Adoption/Guardianship Stipend	

Indicate ALL NON CASH Received IN THE LAST 30 DAYS (check all that apply)	
<input type="checkbox"/> <b>SNAP</b> (FOOD STAMPS) \$_____ (monthly amount)	<input type="checkbox"/> VA MEDICAL SERVICES
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> TANF CHILD CARE SERVICES
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> TANF TRANSPORTATION SERVICES
<input type="checkbox"/> AHCCCS	<input type="checkbox"/> TANF ASSISTANCE (monthly amount)
<input type="checkbox"/> WIC	<input type="checkbox"/> SECTION 8, PUBLIC HOUSING OR OTHER RENT ASSISTANCE
<input type="checkbox"/> OTHER SOURCE: (explain)	<input type="checkbox"/> Low Income or Income Based Housing/Utilities Included
<input type="checkbox"/> Cash Gift/In Hand	<input type="checkbox"/> Assistance/Payment by Someone Other Than Yourself (explain below)
<input type="checkbox"/> Catholic Charities	<input type="checkbox"/> Salvation Army
<input type="checkbox"/> St. Vincent DePaul	<input type="checkbox"/> Traveler's Lodge
<input type="checkbox"/> Your Local Church	<input type="checkbox"/> Other

Notes: \_\_\_\_\_

### **APPLICANT'S STATEMENT OF TRUTH**

Under penalty of perjury and acknowledged by my signature below, I swear and affirm that the statements made regarding the persons in my home, and the income, resources, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

Bajo penalidad de perjurio y reconocido por mi firma abajo, yo juro o afirmo que las declaraciones hechas en cuanto a las personas en mi hogar, y los ingresos, los recursos, propiedad y todas cosas demas que pertenecen a mi elegibilidad posible por beneficios son verdades y ciertas segun mi leal entender y saber.

Signature \_\_\_\_\_ Date \_\_\_\_\_